2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# P96000061798

Entity Name: ALL POINTS INDUSTRIES, INC.

Current Principal Place of Business:

1590 NW 27TH AVE
#9
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

1590 NW 27TH AVE
#9
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 65-0683513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANN, GREGORY
1590 NW 27TH AVE
#9
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: MANN, GABRIELLE M
Address: 1590 NW 27TH AVE, #9
City-St-Zip: POMPANO BEACH, FL 33069

Title: P ( ) Delete
Name: MANN, GREGORY
Address: 1590 NW 27TH AVE, #9
City-St-Zip: POMPANO BEACH, FL 33069

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: WATERS, JAMES P
Address: 10590 HAMILTON AVENUE
City-St-Zip: CINCINNATI, OH 452311764

Title: D ( ) Change (X) Addition
Name: HILLMAN, MAX W
Address: 10590 HAMILTON AVENUE
City-St-Zip: CINCINNATI, OH 452311764

Title: D ( ) Change (X) Addition
Name: GOTSCH, PETER M
Address: 150 N MICHIGAN AVENUE, SUITE 2800
City-St-Zip: CHICAGO, IL 60601

Title: D ( ) Change (X) Addition
Name: DOLMAN, SHAEL
Address: 5650 YONGE STREET
City-St-Zip: TORONTO, ON M2M 4H5 CA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. WATERS S 04/08/2009

Electronic Signature of Signing Officer or Director — Date